

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	VT	69607	8/24/99
O.I.P.E. CLASSIFIER		48	8/30/99
FORMALITY REVIEW	98	69916	9-3-99

INDEX OF CLAIMS

Best Available Copy

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	5	
2	✓	5	
3	✓	5	
4	✓	5	
5	✓	5	
6	✓	5	
7	✓	5	
8	✓	5	
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47	✓	5	
48	✓	5	
49	✓	5	
50	✓	5	

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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